

\*Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof, shall be subject to penalties provided by Law for that crime.

## STATE OF MARYLAND

(Montgomery County)

# APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Article 2B of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said Article.

1. (a) Nature of application: ☐ New License ☐ Transfer of Location ☐ Corporation ☐ Limited Liability Co.  
☐ Transfer of Ownership ☐ Reclassification ☐ Partnership ☐ Individual
- (b) Entity on whose behalf application is made:
2. Class of license sought: \_\_\_\_\_
3. Name of Applicant (A): \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ No. Years: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ M ☐ F  
Number of years Montgomery County Resident: \_\_\_\_\_  
Name of Applicant (B): \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ No. Years: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ M ☐ F  
Number of years Montgomery County Resident: \_\_\_\_\_  
Name of Applicant (C): \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ No. Years: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ M ☐ F  
Number of years Montgomery County Resident: \_\_\_\_\_

**(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)**

4. If any applicant is foreign-born, state: (If more than one applicant is foreign-born, please use a separate sheet of paper and attach his/her information)  
(a) Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(b) Place where naturalized: \_\_\_\_\_ Date: \_\_\_\_\_ Immigration Card #: \_\_\_\_\_
5. If application is made on behalf of a CORPORATION, state:  
(a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A \_\_\_\_\_) (B \_\_\_\_\_) (C \_\_\_\_\_)  
(b) Name/address of Corporation: \_\_\_\_\_  
(c) Incorporated under laws of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
(d) Authorized Capital: \_\_\_\_\_ No. of shares authorized: \_\_\_\_\_ No. of shares issued: \_\_\_\_\_  
(e) Stockholders:

_____	_____	_____
Name (A)	Address	Shares Owned
_____	_____	_____
Name (B)	Address	Shares Owned
_____	_____	_____
Name (C)	Address	Shares Owned
_____	_____	_____
Name	Address	Shares Owned
_____	_____	_____
Name	Address	Shares Owned

(f) Officers

Name (A)	Address	Title
Name (B)	Address	Title
Name (C)	Address	Title
Name	Address	Title
Name	Address	Title

6. If application is made on behalf of a LIMITED LIABILITY COMPANY, state:

(a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A \_\_\_\_\_) (B \_\_\_\_\_) (C \_\_\_\_\_)

(b) Name/address of LLC: \_\_\_\_\_

(c) Organized under laws of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(e) Percentage Ownership Interest of ENTIRE LLC:

Name (A)	Address	Percentage
Name (B)	Address	Percentage
Name (C)	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

7. If application is made on behalf of a PARTNERSHIP, state:

(a) Name/address of Partnership: \_\_\_\_\_

(b) Date when partnership was formed: \_\_\_\_\_ In what State: \_\_\_\_\_

(d) Percentage Ownership Interest of each partner in the partnership:

Name (A)	Address	Percentage
Name (B)	Address	Percentage
Name (C)	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

(d) Indicate which partners are the GENERAL PARTNERS, indicate with an "X", (A \_\_\_\_\_) (B \_\_\_\_\_) (C \_\_\_\_\_)

(e) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A \_\_\_\_\_) (B \_\_\_\_\_) (C \_\_\_\_\_)

8. Mailing address for which license is sought: \_\_\_\_\_

9. Description and total square footage of the portion of the building for which the license is sought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone number of the establishment, including area code: \_\_\_\_\_

Trade name/name by which place of business is commonly known to the public: \_\_\_\_\_

10. Type of business conducted at the premises described above: \_\_\_\_\_

(a) Date applicant will begin to operate the business: \_\_\_\_\_

(b) Hours and days the business will be conducted: \_\_\_\_\_

(c) Who will be in active charge of the business: \_\_\_\_\_

(d) If this application is for a transfer of the current license, state:

(1) Name(s) of current license holder(s) (A) and (B) the date the current business began operating:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(2) Location of (a) current license facility and (b) the location to which current license is being transferred.

(a) \_\_\_\_\_

(b) \_\_\_\_\_

11. Name of the property owner: \_\_\_\_\_

Address: \_\_\_\_\_

12. If premises are leased, state:

(a) Date lease made: \_\_\_\_\_ Date lease expires: \_\_\_\_\_

(b) State renewal options, if any: \_\_\_\_\_

13. Distance to nearest church: \_\_\_\_\_ feet. Distance to nearest library: \_\_\_\_\_ feet. Distance to nearest school \_\_\_\_\_ feet.

Distance to nearest place of business licensed to sell alcoholic beverages \_\_\_\_\_ feet.

14. Has any applicant ever been:

(a) Convicted of a felony? ..... ☐ YES ☐ NO

(b) Found guilty of violating the laws governing the sale of alcoholic beverages? ..... ☐ YES ☐ NO

(c) Found guilty of violating the laws for the prevention of gambling in the State of Maryland? ..... ☐ YES ☐ NO

(d) Found guilty of any offense against the laws of the State of Maryland or the United States? ..... ☐ YES ☐ NO

15. Has any applicant ever had a license for the sale of alcoholic beverages? ..... ☐ YES ☐ NO

If YES, state location for which license was held and the period of time for which it was held: \_\_\_\_\_

16. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? ..... ☐ YES ☐ NO

17. Has any applicant a financial interest in any other place of business in the State of Maryland

where an alcoholic beverage license has been applied for, granted, or issued under Article 2B

of the Annotated Code of Maryland? ..... ☐ YES ☐ NO

18. Has any person other than the applicant(s) any financial interest in the alcoholic beverage

license applied for, or in the business to be conducted under the current license? ..... ☐ YES ☐ NO

If YES, state who and the financial interest: \_\_\_\_\_

19. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Montgomery County, Maryland for at least two years preceding the filing of this application; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or business of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, The Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

CORPORATE SEAL)

(A) \_\_\_\_\_  
*Signature of Applicant*

(B) \_\_\_\_\_  
*Signature of Applicant*

(C) \_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
**(FOR CORPORATION APPLICATIONS ONLY) President**

STATE OF MARYLAND, COUNTY OF MONTGOMERY, to wit:

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the subscriber personally appeared \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, the applicants named in the foregoing application for an alcoholic beverage license, who made oath in due form of law that the statements therein contained are true to the best of my knowledge and belief.

\_\_\_\_\_  
**Notary**

20. CERTIFICATE OF THE PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property of the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the state Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County, to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

\_\_\_\_\_  
**Signature of the Property Owner**

STATE OF MARYLAND, COUNTY OF MONTGOMERY, to wit:

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the subscriber personally appeared \_\_\_\_\_, named in the foregoing application for an alcoholic beverage license as the owner of the property described therein and acknowledged the above certificate to be his/her act and deed.

\_\_\_\_\_  
**Notary**